

STATE AGENCY TRUST CHECK REPLACEMENT APPLICATION
(Executed *OUTSIDE* the State of California)

STD. 805B (REV. 4-94) FMC

CHECK IDENTIFICATION

PAYEE NAME	CHECK AMOUNT \$	CHECK DATE
DRAWN BY (Agency)	CHECK NUMBER	ACCOUNT NUMBER

APPLICATION MAILED TO	RETURN APPLICATION TO
	AGENCY NAME
	ADDRESS

DEPOSITION

NAME

ADDRESS

The person named above, being first duly sworn, deposes and says:

That the check described above was lost or destroyed on or about _____, 19____,

under the following circumstances: _____

That affiant is the owner or custodian of said check, has not cashed or transferred same, and is entitled to possession thereof; or the corporation, partnership or governmental agency in whose behalf affiant makes this application, is the owner or custodian, has not cashed or transferred same, and is entitled to possession thereof,

(If a corporation is owner or custodian)	That affiant is an officer, to wit
TITLE	CORPORATION NAME
_____ of _____	

a corporation, and is authorized to make this application and enter into the indemnity agreement provided herein on behalf of said corporation.

Application is made to the issuing state agency agency to issue a replacement check in lieu of said original check, and affiant, or partnership or corporation in whose behalf he applies, agrees to indemnify and hold harmless the State, its officers and employees, from any loss resulting from the issuance of said replacement check. (This indemnity agreement is not applicable if the payee of the lost or destroyed check is any governmental agency or officer thereof.)

Subscribed and sworn to before me

this _____ day of _____, 19____,

_____ Notary Public

in and for the county of _____

State of _____

(Seal)

AFFIANT
SIGNATURE
TITLE (If signing for corporation, partnership, or government agency)
FOR(Name of corporation, partnership, or government agency, if applicable)